



## SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

### HOME AND COMMUNITY BASED WAIVER Policy Manual

**Section: ADMINISTRATIVE REQUIREMENTS**

**Subject: Provider Enrollment**

### **REQUIREMENT**

All providers of Home and Community Based Services (HCBS) must be enrolled in Montana's Medicaid Program. HCBS Case Management services must be provided by agencies under contract with the Department. HCBS Manual sections 700 detail the specific provider requirements for each Home and Community Based Service.

### **PROVIDER ENROLLMENT PROCEDURES**

All requests for enrollment in the Medicaid Program must be made to Xerox Enrollment forms can be requested by calling or on the Montana Medicaid website:

Xerox  
800-624-3958  
406-442-1837

<http://medicaidprovider.mt.gov>

Providers can also enroll electronically on the Access to Health web portal by going to [mtmedicaid.org](http://mtmedicaid.org) website.

### **PROVIDER ENROLLMENT FORM**

The enrollment form must be completed in its entirety before Xerox can process the enrollment application. The provider should be told to use Home and Community Based Services for the provider type. Case Management Teams (CMT) must notify the HCBS Bureau via e-mail the name of agencies applying to provide HCBS services. The e-mail should include the name of the agency, contact person, services to be provided, and effective date. XEROX will forward the completed enrollment forms to HCSB for approval, procedure codes and rates.

### **STATUS CHANGES**

All status changes such as change in ownership, address, licensure, etc., must be immediately reported in writing to Xerox. Forms can be obtained on the <http://medicaidprovider.mt.gov> website.

**Section: HOME AND COMMUNITY BASED  
WAIVER POLICY MANUAL**Subject: **Provider Enrollment****PROVIDER  
MANUAL**

The HCBS provider manual describes policy and procedures relating to billing for Medicaid services. Provider manuals can be obtained at <http://medicaidprovider.mt.gov>

**PROVIDER  
TRAINING**

The CMT must explain to the provider of the HCBS program, the prior authorization process, and how to complete a CMS 1500 or 837-P claim form. The CMT has the authority to negotiate rates with providers and must provide the negotiated rate in writing to the provider. New provider training is available by contacting Xerox at 1-800-624-3958 or 406-442-1837.

**PROVIDER  
CHARGE FILE**

All HCBS providers have a provider charge file in the claims processing system that lists the procedure codes, rates and effective dates of the services a provider can bill. The Community Services Bureau (CSB) manages the provider charge file. Upon enrolling, CSB authorizes the procedure codes and rates based on the information the CMT has sent during provider enrollment. The CMT can request to have procedure codes added or deleted in the provider's charge file. The CMT must send a request to CSB via e-mail listing the procedure code and effective date of the service to be added or deleted.

When provider rates increase, the CSB will change the provider charge files for all active providers.